

Department of Health and Human Services  
Indian Health Service

**To:** Service Unit Official, (Facility to Insert Individual)

**From:** Chief Executive Officer/Service Unit Director, (Facility to Insert Individual)

**Date:**

**Re:** Delegation of Authority

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As the Chief Executive Officer/Service Unit Director, I hereby designate \_\_\_\_\_, effective (insert effective date) as the Service Unit Official with the authority and responsibility to:

- a) Review and accept or deny any patient request for restricting the use of disclosure of his/her health information.
- b) Issue a written notification to the patient regarding the decision under paragraph a) above.
- c) Accept and sign receipt of the Request for Correction/Amendment of Protected Health Information, IHS Form 917.
- d) Coordinate action on the patient's Request for Correction/Amendment of Protected Health Information with the individual(s) necessary for consultation (e.g., medical staff provider, medical records or business office manager) and the SUD/CEO, who is responsible for accepting or denying the patient's request.
- e) Sign appropriate correspondence pertaining to Requests for Correction/Amendment of Protected Health Information
- f) Ensure that the Request for Correction/Amendment of Protected Health Information form, any correspondence pertaining to the request, and the acceptance or denial are properly filed in the patient's health record.

[For Areas that provide CHS directly through the Area Office]

**Department of Health and Human Services**  
**Indian Health Service**

**To:** Area Contract Health Services Officer (Area to Insert Individual)

**From:** Area Director (Area to insert Individual)

**Date:**

**Re:** Delegation of Authority

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As the Director of the [insert Area] of the Indian Health Service, I hereby designate \_\_\_\_\_, effective (insert effective date) as the Area Office Official with the authority and responsibility to:

- a) Review and accept or deny any patient request for restricting the use of disclosure of his/her health information.
- b) Issue a written notification to the patient regarding the decision under paragraph a) above.
- c) Accept and sign receipt of the Request for Correction/Amendment of Protected Health Information, IHS Form 917.
- d) Coordinate action on the patient's Request for Correction/Amendment of Protected Health Information with the individual(s) necessary for consultation (e.g., medical staff provider, medical records or business office manager) and the Area Office official or service unit official, as applicable, who is responsible for accepting or denying the patient's request.
- e) Sign appropriate correspondence pertaining to Requests for Correction/Amendment of Protected Health Information
- f) Ensure that the Request for Correction/Amendment of Protected Health Information form, any correspondence pertaining to the request, and the acceptance or denial are properly filed in the patient's health record.